

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0008 6348 2818

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Doc. 85

Postmark
Here

1:02cv189

Sent To	Eddie & Sandra Marshall
Street, Apt. No., or PO Box No.	4308 Gallia Street
City, State, ZIP+4	New Boston Ohio 45662

PS Form 3800, January 2001

See Reverse for Instructions